U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays 🛊 valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) FOR NUMBER EXTRA RATE FEE NUMBER FILED RATE FEE BASIC FEE \$385.00 \$770.0 (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS x \$ 86.P (37 CFR 1.16(b)) minus 3 = OR + 5290= MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR OR TOTAL TOTAL * If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY (Column 3) (Column 1) (Column 2) SMALL ENTITY HIGHEST CLAIMS PRESENT ◁ RATE ADDI-REMAINING NUMBER RATE ADDI-**EXTRA** TIONAL TIONAL ENDMENT AFTER **PREVIOUSLY** AMENDMENT PAID FOR FEE FEE Minus Total (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus 3 86 = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST \mathfrak{a} PRESENT RATE ADDI-RATE ADDI-REMAINING NUMBER TIONAL **EXTRA** TIONAL FEE AFTER **PREVIOUSLY** AMENDMENT FEE AMENDMENT PAID FOR Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS REMAINING PRESENT \bigcirc NUMBER RATE ADDI-RATE ADDI-PREVIOUSLY **EXTRA** TIONAL TIONAL AFTER ENDMENT FEE FEE AMENDMENT PAID FOR Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number 09147250

CLAIMS AS FILED - PART I SMALL ENTIT										OTHER THAN		İ
			(Column 1)		(Column 2)		TYPE		OR	SMALL ENTITY		
TOTAL CLAIMS 39								FEE	1.	RATE	FEE	ŀ
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FE	E 355.00	ОЯ	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			9 minus 20=		. 9		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =		8		X40=		OR	X80=		i
MU	LTIPLE DEPEN	IDENT CLAIM PI	IESENT				+135=	*	OR	+270=		
• If	the difference	in column 1 is	less than z	ero, ente	r "0" in d	column 2	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II							101.12	:	,	OTHER	THAN	1
		(Column 1)	MAICHDE	(Colu			SMALL ENTITY		OR			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	Contract of the last	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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	Independent	• /	Minus	<u> </u>		=	X40=	to ke dis	OR	X80=	11	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							14		+270= /		
		•	,				+135=		OR OR	TOTAL		ł
	ADDIT. FEE									ADDIT. FEE	1.	
		(Column 1) CLAIMS			mn 2) ·	(Column 3)			-4. \$			
MENDMENTB		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	. J.
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4	FIRST PRESE		44.7	1		1						
		•					+135=	1.	OŖ	+270= TOTAL		
							ADDIT. FEI		OR	ADDIT. FEE	L	Į.
		(Column 1)		(Colu		(Column 3)				***	= -	39
MENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	7
	Total	. 31	Minus ·	2	0	= //	X\$ 9=		ØR	X\$18=	19800	! ·
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE												1
	The "Highest Nur	nber Previously Pa	id For (Total	or Independ	lent) is th	e highest numbe	er found in the a	ppropriate bo	x.in-cc	olumn 1.		